

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000103203

1. Entity Name
DUCETT PROPERTY MANAGEMENT, INC.



FILED

**May 08, 2006 08:00 A
Secretary of State**

Principal Place of Business
1610 SE 36TH AVE.
OCALA, FL 34471

Mailing Address
1610 SE 36TH AVE.
OCALA, FL 34471



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1324397	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUCKETT, GLENDA S
1610 SE 36TH AVE.
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Glenda Sue Duckett*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUCETT, GLENDA S
STREET ADDRESS 1610 SE 36TH AVE.
CITY-ST-ZIP OCALA, FL 34471

U00000563843
05/20/06-80023-013 550.00

TITLE VD
NAME DUCETT, JAMES R
STREET ADDRESS 1610 SE 36TH AVE.
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenda Sue Duckett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #